

DANIEL DENARDO  
(Name)  
P.O. Box 100682  
(Address)  
ANCHORAGE ALASKA 99510  
(City, State, Zip)  
Telephone: 751-4803

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JUL 03 2006

CLERK, U.S. DISTRICT COURT  
ANCHORAGE, ALASKA

UNITED STATES DISTRICT COURT  
DISTRICT OF ALASKA

DANIEL DENARDO  
Plaintiff  
vs  
MUNICIPALITY OF ANCHORAGE  
CHARLEY WINBORG,  
GIL DAVIS  
Defendant(s)

Case No. 3.04-CV-00269

APPLICATION TO WAIVE  
FILING FEE  
(Non-Prisoner)

I, DANIEL DENARDO, state under penalty of perjury that I am the plaintiff in this case. I am unable to pay the fees for this proceeding or give security because of my poverty. The type of case I am filing is: APPEAL - DISTRICT COURT WITHOUT JURISDICTION and I believe I am entitled to the relief I am requesting. I agree that if I am granted this application to waive the filing fee in this case, a portion of my recovery, as directed by the court will be paid to the Clerk of the Court for reimbursement of all fees and costs incurred by me in the case. In support of this application, I make the following statement under penalty of perjury.

1. I am not presently incarcerated. [If incarcerated, use the "Prisoner Form"]

2. Marital Status: Single ☒ Married ☐ Divorced ☐ Separated ☐
- a. Do you pay alimony or support? Yes ☐ No ☒  
 Do you receive alimony or support? Yes ☐ No ☒  
 If either answered yes, state the amount paid or received monthly: \_\_\_\_\_
- b. Dependents: Spouse ☐ Children \_\_\_\_\_ (number) Other \_\_\_\_\_ (number)  
 The names [for minor children use initials only] and ages of my dependent children are:  
 \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_  
 \_\_\_\_\_ Age \_\_\_\_\_
- Name [for minor child use initials only], age, relationship and basis of dependency of dependent other than child or spouse  
 \_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_  
 Basis of dependency: \_\_\_\_\_
3. Are you presently employed? Yes ☐ No ☒
- a. If yes, what is your Gross Income \_\_\_\_\_ Net Income \_\_\_\_\_  
 Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ (Check One)  
 Employer: \_\_\_\_\_  
 (Name)  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 (Street, City, State)  
 Nature of Part Time ☐ Full Time ☐ Temporary ☐ Seasonal ☐  
 Length of employment \_\_\_\_\_
- b. If no, date of last employment 22 AUGUST 2005  
 Former Employer PERFORMANCE RADIATOR  
 (Name)  
 Address 1002 AIRPORT WAY SOUTH SEATTLE Telephone \_\_\_\_\_  
 (Street, City, State)  
 What was your Gross Income \$2,000/MO. Net Income \_\_\_\_\_  
 Weekly ☐ Bi-Weekly ☒ Semi-Monthly ☐ Monthly ☐ (Check One)  
 Nature of Part Time ☐ Full Time ☒ Temporary ☐ Seasonal ☐  
 Length of employment 2 1/2 YRS

4. Is your spouse employed? Yes ☐ No ☐  
 If yes, what is his/her: Gross Income NA Net Income \_\_\_\_\_  
 Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ (Check One)  
 Employer: \_\_\_\_\_  
 (Name)  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 (Street, City, State)  
 Nature of Employment: Part Time ☐ Full Time ☐ Temporary ☐ Seasonal ☐  
 Length of employment \_\_\_\_\_
5. Do you receive public assistance or unemployment benefits? Yes ☐ No ☒  
 (If yes, provide the following information)  
 a. I have been on public assistance ☐ and/or received unemployment benefits ☒  
 since AUGUST 2005 - FEBRUARY 2006: \$248.00/wk.  
 (Month/Day/Year)  
 b. I am receiving \_\_\_\_\_ for myself and a household of \_\_\_\_\_ (number)  
 Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ (Check One)
6. In the past 12 months have you received money from any of the following sources?  
 a. Business, profession or self-employment Yes ☐ No ☒  
 If yes, state amount received \_\_\_\_\_  
 Do you expect to receive any future income from this source? Yes ☐ No ☒  
 If yes, state the amount you expect to receive and when it is expected to be received.  
 Amount: \_\_\_\_\_ Expected Receipt: \_\_\_\_\_  
 b. Rental, interest or dividends (not PFD) Yes ☐ No ☒  
 If yes, state amount received \_\_\_\_\_  
 Do you expect to receive any future income from this source? Yes ☐ No ☒  
 If yes, state the amount you expect to receive and when it is expected to be received.  
 Amount: \_\_\_\_\_ Expected Receipt: \_\_\_\_\_  
 c. Pension, annuity or life insurance payments Yes ☐ No ☒  
 If yes, state amount received \_\_\_\_\_  
 Do you expect to receive any future income from this source? Yes ☐ No ☒

If yes, state the amount you expect to receive and when it is expected to be received.

Amount: \_\_\_\_\_ Expected Receipt: \_\_\_\_\_

- d. SSI, Disability or worker's compensation Yes ☐ No ☒

If yes, state amount received \_\_\_\_\_

Do you expect to receive any future income from this source? Yes ☐ No ☒

If yes, state the amount you expect to receive and when it is expected to be received.

Amount: \_\_\_\_\_ Expected Receipt: \_\_\_\_\_

- e. Gift or inheritance Yes ☐ No ☒

If yes, state amount received \_\_\_\_\_

Do you expect to receive any future gift or inheritance? Yes ☐ No ☒

If yes, state the amount you expect to receive and when it is expected to be received.

Amount: \_\_\_\_\_ Expected Receipt: \_\_\_\_\_

7. List all members of your household who have received the Alaska PFD in the past year.

DO NOT RECEIVE

8. State the amount of cash (coin and currency) you have \$37.00

9. Do you have a checking account? Yes ☐ No ☒

If yes, current balance \_\_\_\_\_ Account No. \_\_\_\_\_

Bank: \_\_\_\_\_

(Name and Branch)

(Street, City, State)

10. Do you have an IRA, CD, savings or money market account? Yes ☐ No ☒

If yes, current balance \_\_\_\_\_ Account No. \_\_\_\_\_

Financial Institution: \_\_\_\_\_

(Name and Branch)

(Street, City, State)

11. Do you own an automobile or other motor vehicle? Yes ☐ No ☒

a. Make: \_\_\_\_\_ Year \_\_\_\_\_ Model \_\_\_\_\_

b. Current Value \_\_\_\_\_

c. Is it financed? Yes ☐ No ☐ Balance owed: \_\_\_\_\_12. Do you own any real property? Yes ☐ No ☒

a. If yes, describe \_\_\_\_\_

b. Current Value \_\_\_\_\_

c. Is it financed? Yes ☐ No ☐ Balance owed: \_\_\_\_\_13. Do you own any stocks, bonds, securities, financial instruments? Yes ☐ No ☒

a. If yes, describe \_\_\_\_\_

b. Current Value \_\_\_\_\_

14. Do you own any other personal property? Yes ☒ No ☐

(If yes list each asset or item of property and give the value of each)

a. T.V. Value \$35.00

b. \_\_\_\_\_ Value \_\_\_\_\_

c. \_\_\_\_\_ Value \_\_\_\_\_

d. \_\_\_\_\_ Value \_\_\_\_\_

e. \_\_\_\_\_ Value \_\_\_\_\_

f. \_\_\_\_\_ Value \_\_\_\_\_

g. \_\_\_\_\_ Value \_\_\_\_\_

15. Have you transferred, given away, or placed any property in the name of any other person during the past two years? Yes ☐ No ☒ (If yes provide details)

a. Property \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Value \_\_\_\_\_ Transferred to \_\_\_\_\_

c. Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Declaration Under Penalty of Perjury**

I hereby declare under penalty of perjury under the laws of the United States of America that the above information is true and correct.

Dated: 1 JULY 2006

Daniel DeNardo  
Signature of Applicant